


HUMANITARIAN PSYCHIATRY*

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 ANY psychiatrists, despite professions of humility or equality, sometimes, in seminars such as this, appear to give the impression that in their oracular interpretation of human nature, they commune directly with a god who somehow strongly resembles the psychiatrist. I propose in all sincerity, that, actually, we have access only to the very mortal wisdoms, and though these may have been gathered through many ages, I am afraid we sometimes stultify and render them less clear by our formulations, although mercifully not in our practice. This will be precisely my theme this evening, that, literally, we all labor in a common cause with common techniques derived from centuries of common human experience.

It is somewhat startling, but it may very well be, that most of the techniques we use to help ill and troubled human beings can be summarized under three headings. Forgive me if these sound a little oversimplified, but in a field where there has been so much overobfuscation, oversimplification is a welcome relief. May I propose that we can attempt to control our universe in only three ways? First, we can try to control material things, and so reassert our technical mastery of the physical universe. Second, we can collaborate with our fellow human beings and so establish collaborative friendships. Or, third, we can resort to a transcendent system of beliefs, whether we call it science or philosophy or metaphysics or theology, and so find order and security in an otherwise chaotic universe. That these three methods have been used ever since life was created is an historically demonstrable statement. But we have a peculiar attitude toward history, particularly in our current American culture. H. J. Muller has perhaps expressed it most trenchantly in his aphorism that here in America our concept of history seems to be confined to the minutes of the last board meeting

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and that we neglect the precious lessons not only of half a million years of human development, but of three billion years of biological evolution.

In contrast, may I point out that at least three billion years ago, in the primal Algonkian slime where life was created, almost immediately it showed two of the properties that I mentioned: first, a capacity to maintain itself by manipulating the inorganic elements of the universe; and second, almost immediately, a kind of collaborative effort. Even in the most primitive organisms that have survived until now, we do not find the philosophy of the tooth, the fang and the claw, which is a misrepresentation of scientific evolution. Instead, even so relatively simple a creature as the *Myxameba*, which is nothing but a blob of protoplasm, collaborates with and dies for its fellows. The single cell may remain a rugged individualist, provided everything is going relatively well; however, should its environment dry up, should food become scarce, what will it do? It will congregate with others to form a colony. Some cells may deliberately die to form themselves into a stalk upon which the others can feed, sporulate and survive.

In slightly later stages of evolution, say the simple *Physalia* organisms such as the Portuguese man-of-war, it is difficult for an evolutionary scientist to tell whether these are just simply collections of individuals, whether they are colonies, whether they are an organization in the sense of a town functioning apart, or whether the whole constitutes an animal. We humans also are operating with certain inherent biological and biodynamic wisdom through which can be stated as follows: We still overcome our insecurities by relearning how to handle the universe materially and we still overcome our social anxieties by banking on a biologic heritage of living friendships.

If, now, we are to skip three billion years minus, say, fifty thousand, and come up to the earliest records of humanity, the third principle becomes almost immediately apparent. Let us take the oldest record we have of human behavior, say the Mousterian caves of fifty thousand years ago. Of course we have the artifacts of these primitive people, who had the brain potential and all of the physical endowments we have today, plus their stone axes, scrapers, throwing darts and so on, with which to manipulate the universe. At the same time, they had already reached a high level of social development, and were gregarious and friendly. They lived in caves, not only in familial groups of en-

forced friendships, but also in gatherings of clans and tribes. They joined in common endeavors with apportioned roles and organizations. They apparently took care of their aged; they certainly took care of their children or else we wouldn't be here to philosophize about it all. They used, then, the two principal techniques we still use today: the employment of mechanical skills, and the utilization of human communication and fellowship. But almost immediately, we also have a third: a system of beliefs not only in tomorrow but in a universal order and in a hereafter. How do we know all this? History was written fifty thousand years ago, not in pen and ink but in deathless stone. We have, for example, those unlovely but unforgettable little stone statuettes called Paleolithic Venuses, with physical features of unmistakably exaggerated womanhood and motherhood. What do they represent? They are really a kind of tribute to universal gentleness, a form of mother worship epitomized by the ancient goddesses, Ishtar, Isis and all the beneficent mothers of men. In addition to that, we find works of art expressing not only man's creative strivings but also a trust in man's capacity to determine his own future. You've all read of the wonderful drawings and paintings in the caves of Altamira in Spain and Lascaux in France, in which the tribal hunt was represented. There is no deliberate cruelty in these pictographs; they were simply the collaboration of human beings in a common endeavor for the good of the clan. But they were also placed in alcoves very much like primitive chapels, in remote regions of the common cave, and surrounded by articles of worship. Thus, through form and ritual they represented man's dreams and hopes in a sense that, if he depicted the future in the poetry of his own imagination, he could thereby control it. L. S. B. Leakey, curator of the Coryndon Memorial Museum in Nairobi, describes similar paintings, possibly a quarter million years old, in the Olduvai Gorge of Africa.

Have we learned very much since then? It seems that the basic principle by which men live, by which they obtain security and which we now employ in what we call psychotherapy, had already been determined. Man's physiology had been established as had the basic pattern of the central nervous system and his resistance to disease. So also had he set up his social defenses. You can very well imagine a Neanderthal caveman troubled or lost coming home to the cave, being accepted into the society of his fellow man, being reassigned a role and

feeling once again secure—provided of course he fitted into the technological and cultural requirements in the organization of his society, participated in its philosophy and, if you will, its primitive theological religious system.

Certainly, then, throughout history we have had these three principles put into effect with versatility and finesse. The first requirement was to solve physical difficulties by developing technologic skills from spade to sputnik. If you had floods on your farm, you built a dam; if your hut fell, you built a better one. However, if you really needed help you had a right to call on your fellow human being to consult with you about the nature of your difficulties and to join with you in solving them. If specializations were needed, then you called on a shaman, who was both a physician and a priest; indeed, only very recently have those two functions been separated, and then only formally, not really. This gentleman then applied his special knowledge and skill to solve your problems, at the same time employing his magical powers, his knowledge of the absolute, to see to it that your divine servants in heaven also helped you as beseeched or commanded.

By the time of ancient Egypt, many of these techniques had achieved a high degree of reliability. You came to the temple when you were ill or frightened. There you went through certain rituals. These involved various mechanical devices which gave you a feeling of mastering physical objects. At the same time, you met with people with problems similar to yours and you consulted with them. Also, and most important, you found a haven of refuge in a hospice or “hospital,” a special place of healing connected with the temple. There you slept; there you were fed and there you were given drugs that “tranquilized” you and you fell into a gentle sleep. During that sleep you had dreams which you did not understand but which the priest explained to you. He then told you what troubled your soul. He also gave you certain kinds of advice which, if followed, would purportedly not only solve your problems here on earth but also in heaven. And so the Egyptians were a very happy people because they had encompassed their difficulties not only here on earth but, through the authority of their bible, called the Book of the Dead, in a life hereafter.

By the time we come to the Greeks, there is hardly a technique that we use today that wasn’t used in what might be called the Golden Era of Humanitarian Psychiatry. A Greek who was really troubled, who

had difficulty with his family, with his business, with his associates or with his systems of thought, would first of all leave the place where his difficulties had become unbearable. He would repair to a temple of peace called an Asclepiad Sanatorium. This temple of healing was located in some remote region away from trade and war and stress, in a salubrious climate among beautiful surroundings; it was a haven of refuge from the difficulties and conflicts of daily living.

The name Asclepios, by the way, is an exceedingly interesting one. Hygeia, the daughter of Asclepios, was a very lovely goddess. She had a sister by the name of Panacea. Asclepios himself had an interesting genealogy. He was the grandson of Apollo, and Apollo was the god of Medicine, of music and of science. In this connection, I might point out that Apollo is a most appropriate god of Medicine; since what could better represent the average doctor than somebody as wise and as handsome as Apollo? Apollo had a son, however, that seemed to be a little out of line because he was a centaur, half man and half horse, by the name of Cheiron. As a physician, I always wondered why he belonged in our lineage until I remembered that my average working day is about fourteen hours! I imagine the physicians in the audience work about as long as that, and so you see you *have* to be half man and half horse to be a physician. But please remember which half was the head!

Thus Asclepios, the son of Cheiron and the patron saint of medicine, gave his name to these sanatoriums. And well he might, because in them was practiced all that was best for us, not only from the standpoint of science but from the standpoint of humanitarian understanding. I've already mentioned that the hospitals were located in places that would be appealing to almost anyone, places of aesthetic delight in once again experiencing the communal love of nature. But this was only the beginning. The troubled human being was met, not by a secretary or a receptionist, but by the high priest or priestess, representing an authoritative parental welcoming of the prodigal son returning home, where direct and immediate comfort was offered. For example, much attention was paid to the patient's diet: he was fed and fed exceedingly well. Care was taken of his ablutions; he was bathed and he was massaged. He was put to bed to rest, and given medicine to reduce his anxiety. The drugs were called "nepenthics" rather than "ataractics," and there was no technical talk of physiotherapy, balneotherapy, etc.—but the purposes and effects were pretty much the same.

What, then, was happening to this troubled human being who wanted to escape from the responsibilities and sorrows of adult life? He was literally welcomed back home and permitted to become once again a dependent, relaxed child, given a good deal of comfort and reassurance and warmth and human acceptance. This, it is true, we still try to do, although the doctors, busy with "deeper techniques", very often leave these essential first steps to others. The Greeks, however, were also a great deal wiser than we in later stages of therapy. They began to recognize that a precipitate retreat to infantile dependence, though a necessary stage of gathering strength for a new base of operations, may in itself become an escape and a handicap. Therefore, instead of making this mistake (one we often make now in our so-called "analytic" therapy in which we literally baby the patient indefinitely, or in our misuse of the analytic couch where people may become fixed in a horizontal position for a baby-sit of five or six years, or in various other kinds of retreats from reality), the Greeks almost immediately began a rehabilitative program designed to restore the patient as soon as possible to social functioning. As one of many methods, they used what has always been a universal form of communication: music. Now music is one of the most meaningful and transcendent kinds of communication. It mobilizes a sense of belongingness in an orderly universe, a sense of harmony, a progression toward a logical solution, a working together through blended effort, and a reaching for aesthetic perfection. But the Greeks knew more than I can tell you, and made it part of their philosophy; for example, the Pythagoreans employed numbers and music as the basis of life and reality. And so the patient, before he regressed too deeply, was called back by the harmonious strains of music to more mature thoughts and communications. Music was also combined with the dance and with calisthenics through which the patient could join and renew contact with his fellow human beings.

And much else was done. For example, the patient's personal problems might be acted out in the wonderful plays written by Aeschylus, Euripides or Aristophanes, in which the most fundamental of human relationships were acted out, such as those of Oedipus, Narcissus, Medea, and others. These human relationships are deathless and therefore give the plays even today their poignant meaning. But the Greeks approached them in a more dynamic fashion than we do, because, as you know, they didn't simply sit and watch and criticize. They joined

in. There was a chorus; the actor and the audience were very much more in communication and even interchangeable, and so each person felt as though he were acting out each human tragedy and comedy and reaching his own solutions by these vicarious means. Today we call it psychodrama or associative drama, or the spontaneity stage or whatnot. Is there anything new in it? As a matter of fact, in Aristophanes' "The Clouds" there is a wonderful scene in which a troubled human being comes to a philosopher called Socrates. Strepsiades, the patient, is told to lie on the couch, to think completely freely and thereby to reach an understanding of his problems by this apparently indirect technique. But Strepsiades doesn't know exactly what his troubles are. He just simply knows he doesn't sleep well nights and is tense and anxious. Socrates directs him not to lie on the floor but on the couch (*klinikos*) and then to say anything that comes into his mind. Strepsiades begins to talk, of all things about the moon, and Socrates says in effect: "That's all right, go ahead and talk about the moon if you want to." And it turns out through a series of free associations that this brings to mind the fantasy that if Strepsiades could only capture the moon and put it in his pocket, this might solve his financial problems, since if it wouldn't wax and wane, the first of the month wouldn't come around and Strepsiades wouldn't have any debts to pay. And thus it was that the problem was "analyzed" and "insight" acquired; unfortunately, then as now, there is no mention of a cure.

More seriously, the Greeks also acknowledged that there are certain holy areas of thought that should not be desecrated, and even they, scientists that they were, made Socrates drink the hemlock because he dared to question the power of the gods. They recognized that human beings must have beliefs and systems, and, whether or not they glorified what was best in humanity, these systems must be respected and not desecrated. They therefore placed their temples of healing next to temples of religion and thereby added the powerful tools of joint beliefs, joint rituals, and joint appeals to beneficent deities—something we do not always do now. And when the patient left the sanitarium the Greek physician, being humanitarian, was fully willing to collaborate in directing his patient for advice and guidance to the priest of his own choice in mundane as well as heavenly matters. Have we improved on anything much since then?

During the Middle Ages, the Church offered a haven of refuge that

humanity sorely needed as a retreat from the difficulties of a world full of conflict. The Church was a center of learning and of knowledge and of medicine. It offered a haven of brotherhood and sisterhood to which all could adhere. It had to protect that system, of course, and sometimes it was a little severe and ruthless in protecting it, but all churches of various categories and denominations are alive today simply because they fill a fundamental human need which will long persist.

When, only three centuries ago, psychotherapy began to pretend to become "scientific," it is interesting that the first two self-designated "scientists" were actually downright quacks. The earlier of these "healers," who proclaimed that he could cure a human being without the aid of divine intervention was a chap by the name of Greatrakes the Stroaker, who lived in the seventeenth century. He would "stroake" people in such a way that somehow the noxious humors in their bodies would be forced out of their extremities. True, he lived in the post-Cromwellian era, which was a rather difficult period; also, he was an Irishman, and of course Irishmen sometimes overdo contact with each other! In any case, he had thousands of people flocking to his clinic to be stroked. Why were they there? Because in a difficult world where most contacts were murderous rather than gentle, they found somebody who supposedly knew what he was doing, who would pat and comfort them much as if they were children. They would find fellow believers in his system, which was the "science" of the day. With their common belief, their common group activity and a jointly revered healer, everyone was helped. And so do thousands of people who believe in chiropractice or osteopathy or Swedish massage or Yogi exercises or yogurt, get a very great deal of comfort out of going for their respective brands of "stroaking". Not because the massage or the "adjustments" or the baths or the calisthenics or the rotting proteins have anything to do with the cure, but because the faithful are very much like troubled children who are hurt and frightened, whom mother reassures and pets and plays with and feeds until they feel better.

A century and a quarter later lived the founder of a great many of our modern therapeutic techniques—another quack by the name of Anton Mesmer. He, too, had his "science." (Incidentally, I wonder what people will think of *our* psychotherapeutic "science" a hundred years from now?) What Mesmer noticed, however, was that people could affect each other at a distance; that is, when he himself made

certain movements with his hands, he could influence others without touching them. Now what force acts at a distance? There were only two known at the time: gravity and magnetism. So Mesmer gravely figured there must be a kind of animal magnetism that had to do with touching an object and then waving one's hands and thus produce effects at a distance. Since the same sort of gravity-magnetism seemed to set the planets in their course, naturally his so-called science was also connected with the effects of the planets on people, i.e., astrology. (For that matter Kepler, one of the greatest astronomers of all time, was also an astrologist.) Thus did Mesmer set up a system which was highly successful therapeutically. Under Mesmeric influence, people would fall into trances, dream, have highly emotional reactions, and awake claiming to feel very much better, exhilarated and euphoric.

Mesmer was, of course, highly successful in entrancing a great many influential people. There were international Mesmeric societies, with international Journals of Mesmerism. If you were properly Mesmerized by a properly Mesmerized person, and you had a certain number of controlled Mesmeric sessions, you could enter the local Mesmeric Society, after which you were an accredited Mesmerist. And then you could treat people according to the Rules. However, if you sought new and better methods, there was a good deal of discussion about your professional qualifications. Of course, Mesmer was quite sincere in his theories, and felt himself martyred by the medical men of the day, who, with Benjamin Franklin, had called him a quack. Indeed, he died convinced that he had discovered a universal System of Healing—and so he had, in the sense that he had once again tapped a basic human yearning for encounter and for relationship. Not “animal magnetism” (later called hypnotism) but the kind of communication that had been practiced in the temples of Egypt. There, too, in a setting of diminished light, with a central altar upon which everybody concentrated, the priest had intoned a repetitious, monotonous, rhythmic lullaby known to all mothers of troubled children who need reassurance and rest in a trusting security. Intuitively, when we are approached by troubled people, we still talk in this kind of soothing, monotonous, cadenced tone of voice. Predictably also, Mesmer's practice grew so great that he couldn't give individual attention to every patient, so he began to deal with them in groups. Mesmer's patients would form a circle, hold hands, feel overpowered by the “magnetism,” fall into trances, have an inten-

sive "corrective emotional experience" and leave, praising the system and spreading the Mesmeric gospel.

From Mesmer arose a great many of the systems that we can now call by their modern names. First is the wearing of "magnetic belts." Have you any idea of how many such belts are sold in this country by mail-order houses and so on? Hundreds of thousands of people still wear a kind of "magnetized" diaper around their middle beneath their clothes and swear that it cures all sorts of diseases.

Second, we have a current school of hypnotists who, in their theorizing if not in their practice, try to avoid the simple fact that people like to be comforted, like to feel safe, like to feel as if they were being treated by a magically wise and powerful person. Consequently, some professional hypnotists themselves seem to operate in a sort of trance. In this connection one of the greatest of hypnotists, a physician by the name of Bernheim who taught Freud, wrote perhaps one of the most penetrating commentaries on hypnotism. Cautioned Bernheim: "It's a darn good hypnotist that knows who's hypnotizing whom."

A third derivative of Mesmerism is the Christian Science Church, which invokes some of the most powerful principles of human behavior known to psychiatry. These include, first, a system of transcendent beliefs, not only religious but purportedly "scientific"—the two most powerful systems of thought. Second, the Church offers an almost universal kinship; there are three thousand Churches of Christ Scientist, so that you can hardly feel alone anywhere in the western world. Third, the Church offers a very simple, repetitious and assertive dogma, completely self-confident in its obscurity. So also, the services consist of readings from Mary Baker Eddy, endlessly reiterated, so that if you learn a few key phrases you know all of it. Furthermore, think of the vast power with which Christian Science healers proudly believe they are endowed. I have to see and work with people in order to do something with them in my practice. But then, I am not a Christian Scientist, who can heal at any distance with what is apparently a divine power. This, of course, is comforting to all concerned but me. Nevertheless, a great many lost, troubled, lonesome human beings join not only Christian Scientist churches but many organizations with similar beliefs and practices and thereby find precious comfort and security. No one can deny the tragedies that can result from the misapplication of such doctrines, but no one can gainsay how much comfort can also be given to

hundreds of thousands of people. And as humanitarian psychiatrists, we can neither neglect nor deny anything that concerns our patients.

But there is another derivative of Mesmerism that seems, at first sight, almost completely scientific: modern-day psychoanalysis. And yet its evolution, too, though a long story and a somewhat discursive one, can be summarized for our present purposes in the light of what we have said. Freud began by using hypnotism to command his patients to tell him what was troubling them, i.e., the directed confessional. But since many patients refused this form of "cooperation" (you coo while I operate) Freud granted his patients greater freedom, and simply invited them to say anything and everything that came to their minds without fear of condemnation or judgement. And so, of course, they would tell him, often with appropriate histrionics, about what they wanted him to think troubled them. This Freud called "catharsis," in the sense of ridding the mind of something noxious, and "abreaction" when the emotionality was intense and therefore presumably corrective. And, of course, some patients got better because they thought here was a man who was interested and understanding, but at the same time not judgmental or punitive; *ergo*, they had, in effect, found a friend. But Freud went on from this to deeper recognition: namely, that these people must have been chronically troubled long before the advent of the trivial happenings to which they attributed their current difficulties; in other words, they must have been sensitized by preceding unfortunate experiences, perhaps in childhood. And true enough, most patients began to talk about their adolescence and eventually their childhood, to the effect that events then had rendered them particularly sensitive to hurts and to rejections and to corresponding sorrows in later life. Many patients also began to talk about their family relationships and certain unfortunate insecurities, jealousies and conflicts in that sphere. And so, for a time, psychoanalysis consisted of an attempt to recall and reconstruct childhood "traumas," particularly the so-called "Oedipus complex" and other "libidinal conflicts."

Then Freud also began to recognize something that almost every minister, physician, and other advisor had implicitly observed: that the therapist is inevitably put by the patient in the role of some sort of parental or other surrogate or substitute. The patient thus attributes to the therapist certain characteristics that he doesn't necessarily possess, and then treats him as a mother, or as a rival, or as an erotic object, or

as a source of suspicion, or as a protector who must look after the patient indefinitely, or in various other roles involved in the patient's interpersonal relationships. Therapeutically, once the patient recognizes the artificial positions into which he forces not only the therapist but various other people in his life, he may correct these interpersonal misinterpretations by the use of a more realistic approach. Freud called this "transference analysis," by which he meant simply that the patient transfers to his therapist, whether that therapist be a physician, a priest, a friend, a Dutch uncle, a corner druggist, or a hospital aide, certain important human relationships meaningful to the patient and which the therapist should understand and help to correct. This is about where Freud stopped, but by this time he had already rediscovered and reformulated (sometimes unnecessarily fancifully and obscurely) various basic principles of human behavior and clinical therapy that have been operative throughout the ages—and, of course, still need to be applied if any form of treatment, including psychoanalysis, is to be effective.

Since then, of course, we psychiatrists have employed a great many other approaches, none of them new. We have rediscovered the efficacy of re-establishing control of the material universe through "occupational" therapy, job training and so on. We have rediscovered the necessity of progressive social rehabilitations through making a hospital not a place apart from the rest of the universe but an intimate part of the community. And then we have rediscovered the intimate relationships between psychiatry and the various religious systems. In our own peculiar American way, we immediately commercialized this so that there are now Institutes of Psychiatry and Religion, richly endowed, of course, by our government, but which I am afraid might again become overinstitutionalized and overcommitteeized and thus perhaps lose the humanitarian substrate on which they were founded.

Does this brief review give us any feel of the deep meanings of "humanitarian psychiatry"? I hope so. There is one difficulty with it: we have been able to look briefly only at a skeletal outline, and as I have remarked somewhere, only an archeologist can be really interested in skeletons. But you can clothe this skeleton with the living tissues of your own human experience, and render it alive and vibrant. Thus all of us from all walks of life may recognize that in our love of our fellow man we have all, in our dealings with each other, also always been humanitarian psychiatrists.